

Loan Application for Medical Bills

Date: [Insert Date]

To,

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I hope this letter finds you well. I am writing to formally apply for an unsecured loan to cover my medical bills that have recently accumulated due to unforeseen health issues.

Due to [briefly explain the medical situation], I have incurred medical expenses totaling [insert amount]. Unfortunately, I am unable to pay these bills in full at this time and am seeking financial assistance to manage these costs effectively.

I am requesting a loan of [insert amount] to cover these medical expenses. I have assessed my financial situation and am confident in my ability to repay the loan within the agreed timeframe. Please find enclosed my financial statements and any other documentation required for your consideration.

Thank you for considering my application. I appreciate your assistance in this matter and look forward to the possibility of working with you.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Contact Number]

[Your Email Address]